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DEC 15 1997	

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
INVENTOR'S NAME
Street Address
City, State and Zip Code
CO-INVENTOR'S NAME
Street Address
City, State and Zip Code
<input type="checkbox"/> Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/624,130	03/29/96	027	COHEN, C 3509	09/15/97
First Named Applicant	CRIPE, TODD E.			

TITLE OF INVENTION MOTOR VEHICLE WINDOW CONSTRUCTION WITH PULL-PULL CABLE SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 96.065	049-360.000	R65	UTILITY	NO	\$1,320.00 \$1,320.00	12/15/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: Excell Industries, Inc.	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies TEN (10)
(2) ADDRESS: (CITY & STATE OR COUNTRY) Elkhart, Indiana	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 01-0850 (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>[Signature]</i> (Date) 12/12/97 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Assistant Commissioner for Patents  
Washington, D.C. 20231

on: 12/12/97 (Date)  
Terry Sample (Name of person making deposit)  
(Signature)  
12/12/97 (Date)

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01 FC:142 1320.00 OP  
02 FC:061 30.00 OP

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1. CORRESPONDENCE ADDRESS

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TEN SOUTH WACKER DR  
CHICAGO IL 60606

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INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

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ADDRESS: (CITY & STATE OR COUNTRY) Elkhart, Indiana

6a. The following fees are enclosed:

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6b. The following fees should be charged to:

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☒ Any Deficiencies in Enclosed Fees

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(Authorized Signature) *[Signature]* (Date) 12/12/97

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Assistant Commissioner for Patents  
Washington, D.C. 20231

12/12/97 (Date)

Terry Sample (Name of person making deposit)

*[Signature]* (Signature)

12/12/97 (Date)